

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1547

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Deer Park MARYLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)	(First) Benjamin	(Middle) Franklin	(Last) Butler.		
4. DATE OF DEATH	(Month) 2	(Day) 4	(Year) 1951		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		
Male	White	Divorced	9. AGE last birthday yrs. 66		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NO Occupation		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Garrett County, Maryland		12. CITIZEN OF WHAT COUNTRY? A			
13. FATHER'S NAME Allen Butler		14. MOTHER'S MAIDEN NAME Nora Perkins.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None			
17. INFORMANT AND ADDRESS Mrs. Walter Devers, Mt. Lake Park,		18. MEDICAL CERTIFICATION MD. INTERVAL BETWEEN ONSET AND DEATH 2 days 6 days			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 486X Immediate cause (a) Bilateral Bronch - Pneumonia 33a Antecedent cause(s) (b) Diphtheria Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blind (both eyes)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) OF INJURY	(Day) m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan. 31, 1951, to Feb. 5, 1951, that I last saw the deceased alive on Feb. 5, 1951, and that death occurred at 3:40 P.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED					
23. BURIAL/CREMATION REMOVAL (Specify)		DATE THEREOF 2/7/1951	NAME OF CEMETERY OR CREMATORIAL Pleasant Valley Cem.	LOCATION (City, town, or county) Near Loch Lynn, Md.	(State)
DATE REC'D BY LOCAL REG. #		REG. #	REGISTRAR'S SIGNATURE Julia MacLean	24. FUNERAL DIRECTOR ADDRESS G. D. Bolden, Oakland, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1548

1. PLACE OF DEATH COUNTY GARRETT MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN OAKLAND Life time			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND STREET ADDRESS (If rural, give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL					
3. NAME OF DECEASED (Type or Print)	(First) THERESA	(Middle) MARIE	(Last) COALSON	4. DATE OF DEATH FEBRUARY 6	(Month) (Day) (Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED	8. DATE OF BIRTH 9/25/1876	9. AGE last birthday 74 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WESTERNPORT, MARYLAND	12. CITIZEN OF WHAT COUNTRY? AMERICA
13. FATHER'S NAME CONRAD NAIL			14. MOTHER'S MAIDEN NAME THERESA HOFFMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS James A. Coalson, Mt. Lake Park, Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause

(a) Pulmonary Embolism

INTERVAL BETWEEN
ONSET AND DEATH
12 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Stomahic

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

22. I hereby certify that I attended the deceased from Nov., 1950, to Feb. 6, 1951, that I last saw the deceased alive on Feb. 6, 1951, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED
2/6/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/9/1951.	NAME OF CEMETERY OR CREMATORIUM St Peters Cemetery	LOCATION (City, town, or county) Oakland, Md.	(State)
DATE REC'D BY LOCAL REG. 2-9-51	REGISTRAR'S SIGNATURE Julia A. Stewart	FUNERAL DIRECTOR D. Bolden	ADDRESS Oakland, Md.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

01867

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY <i>Garrett</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Mt. Lake Blk</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Spring Gap, Md.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Kiser Nursing Home</i>		STREET ADDRESS <i>(If rural, give location)</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>JAMES</i>	(Middle) <i>A.</i>	(Last) <i>DOLAN</i>
4. DATE OF DEATH	(Month) <i>FEB</i>	(Day) <i>10</i>	(Year) <i>1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>Oct 14, 1868</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>orchard Worker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Peach & Apple Orchards</i>	11. BIRTHPLACE (State or foreign country) <i>Allegany Co., Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Lawrence Dolan</i>	14. MOTHER'S MAIDEN NAME <i>Elizabeth Middleton</i>	15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT AND ADDRESS <i>Hofst Funeral Service, Cumberland, Md.</i>	18. MEDICAL CERTIFICATION <i>Heart Failure</i> <i>Arterio-sclerotic cardiovascular disease, severe</i> <i>3-4 days</i> <i>? years</i>	INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1</i> Immediate cause <i>Heart Failure</i> Antecedent cause(s) <i>Arterio-sclerotic cardiovascular disease, severe</i> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <i>93d</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <i>No operation</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE <i>none</i>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>1951</i>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7 Jan</i> , 19 <i>51</i> , to <i>9 Feb</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9 Feb</i> , 19 <i>51</i> , and that death occurred at <i>4:00 P.M.</i> , from the causes and on the date stated above. SIGNATURE <i>Thomas J. Lushy, M.D.</i> ADDRESS <i>Oakland, Md</i> DATE SIGNED <i>10 Feb 51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Feb 14, 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Oldtown Cemetery</i>	LOCATION (City, town, or county) <i>Oldtown, Md</i>
DATE REC'D. BY LOCAL REG. <i>2-14-1951</i>	REGISTRAR'S SIGNATURE <i>Julia A. Brown, John J. Hodge</i>	24. FUNERAL DIRECTOR	
		ADDRESS <i>Cumberland, Md.</i>	
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

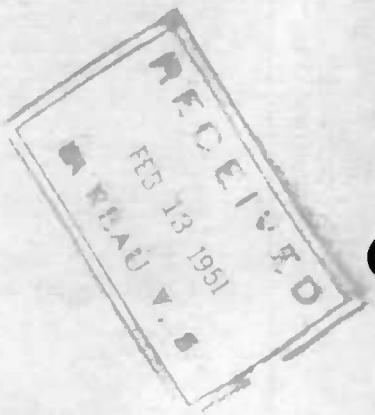
1543

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Grantsville		LENGTH OF STAY (in this place) Three years	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) Patrick --	(Middle)	(Last) Durst
4. DATE OF DEATH February 7 1951	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 7-8-1869
9. AGE last birthday If under 1 year Months Days Hours Min.	81 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Rural Jennings Garrett Co	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME William Durst	14. MOTHER'S MAIDEN NAME Ellen Minnie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs Flossie Bittinger Grantsville	MD
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>Cerebral Hemorrhage</i> Antecedent cause(s) (b) <i>Arteriosclerosis</i> 331X 83ca Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1</i> , 1949, to <i>Feb 6</i> , 1951, that I last saw the deceased alive on <i>Feb 1</i> , 1951, and that death occurred at <i>12:30 a.m.</i> , from the causes and on the date stated above. SIGNATURE <i>N. P. Davis M. D.</i> DDRESS <i>Rural Grantsville Md</i> DATE SIGNED <i>Feb 8 1951</i>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-9-1951	NAME OF CEMETERY OR CREMATORIAL Durst Cemetery	LOCATION (City, town, or county) Rural Grantsville Md (State)
DATE REC'D BY LOCAL REG. <i>Feb 8 1951</i>	REGISTRAR'S SIGNATURE <i>Ethel Broadwater</i>	24. FUNERAL DIRECTOR <i>John Winterberg</i>	ADDRESS Grantsville Md



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1500

161
166

MARGIN RESERVED FOR BINDING

Copy - Original must have been supplied plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Garrett			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) Maryland.		
CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) TOWN Friendsville.			LENGTH OF STAY (in this place)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Victor	(Last) Frazea	4. DATE OF DEATH Feb. 20th,	(Month) 1951
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 4/6/1896	9. AGE last birthday yrs. 54	If under 1 year Months. Days Hours Min. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gardener & operated a general laborer</i>			10b. KIND OF BUSINESS OR INDUSTRY Laborer		
13. FATHER'S NAME William Frazea			11. BIRTHPLACE (State or foreign country) Nr. Sang Run Md.		
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
16. SOCIAL SECURITY NO. 218-16-2766			14. MOTHER'S MAIDEN NAME Ora Frazea Thomas		
17. INFORMANT AND ADDRESS Mrs. Jesse Frazea, Friendsville, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH151x
Immediate cause(a) *Carcinoma Stomach**1 year*46b
Antecedent cause(s)Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **May 17, 1949**, to **Feb 20, 1951**, that I last saw the deceasedalive on **Jan. 27, 1951**, and that death occurred at **11:45** m., from the causes and on the date stated above.SIGNATURE *A. E. Mann*(Degree or title) *Mo*ADDRESS *Oakland Md*DATE SIGNED *27 Mar 51*

23. BURIAL, CREMATION (Indicate which)	DATE 2/23/1951	NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery	LOCATION (City, town, or county) Oakland, Md.	(State)
DATE REC'D BY LOCAL DEC 27/22/1951	REGISTRAR'S SIGNATURE <i>Ms Katherine Lipe</i>	24. FUNERAL DIRECTOR Emroy D. Bolden, Oakland, Md.	ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition
of 7 & change in 9
shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

155

CERTIFICATE OF DEATH

Reg. Dist. No. 11

1. PLACE OF DEATH:

COUNTY Garrett

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)
TOWN FriendsvilleLENGTH OF STAY
(in this place)
LifetimeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN FriendsvilleSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED
(Type or Print)

(First) Basil

(Middle)

(Last) Garleets

4. DATE
OF
DEATH
2 2 1951

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

Married

8. DATE OF BIRTH

9/11/1858

9. AGE last birthday

92 yrs.

If under
Months1 year
DaysIf under
Hours24 hrs.
Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT
COUNTRY?

U.S.

13. FATHER'S NAME

Henry Garleets

14. MOTHER'S MAIDEN NAME

Lavina Friend

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) No.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

Mrs. Lola Garleets

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Chronic Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

2 years

422-2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work	Not While At work	HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 20, 1958, to Feb 1, 1951, that I last saw the deceased

alive on Feb 1, 1951, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 2/1/51	NAME OF CEMETERY OR CREMATORIAL Ursina Cemetery	LOCATION (City, town, or county), (State) Ursina Pa.
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DATE REC'D. BY LOCAL REG. Feb 3 1951	REGISTRAR'S SIGNATURE Kathryn Fife	24. FUNERAL DIRECTOR Emroy & Bolden Oakland	ADDRESS 970 UUU MD
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1552
166

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED CITY TOWN STREET ADDRESS	
COUNTY GARRETT give nearest town) OAKLAND GARRETT COUNTY MEMORIAL HOSP.		STATE MARYLAND (in this place) 4 days GORMANIA (POST OFFICE) (If rural, give location) ROUTE # 1	
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM F.	(Middle)	(Last) GRUBB
4. DATE OF DEATH	(Month) FEBRUARY	(Day) 3	(Year) 19 51
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 7/13/1880
9. AGE last birthday 71 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WOODSMAN	10b. KIND OF BUSINESS OR INDUSTRY TIMBER	11. BIRTHPLACE (State or foreign country) COLUMBIA FURNACE, PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ISAAC GRUBB	14. MOTHER'S MAIDEN NAME ELLEN MILLER	17. INFORMANT IDA JANE GRUBB - WIFE - RT. # 1, GORMANIA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	18. MEDICAL CERTIFICATION W.VA. INTERVAL BETWEEN ONSET AND DEATH	
610x 137a		Immediate cause (a) <i>Traumatic Pneumonia</i> Antecedent cause(s) (b) <i>Lymna</i> <i>Prostactic Hypertrophy</i>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		3 days 2 wks 2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 30, 19 51, to Feb. 3, 19 51, that I last saw the deceased alive on Feb. 3, 19 51, and that death occurred at 11:23 p.m., from the causes and on the date stated above. SIGNATURE <i>R.E. Mann</i> (Degree or title) <i>Mrs</i> ADDRESS <i>Oakland Md</i> DATE SIGNED <i>47657</i>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 20/6/1951	NAME OF CEMETERY OR CREMATORIUM Pope Cemetery	LOCATION (City, town, or county) (State) near Gorman, Md.
DATE REC'D BY LOCAL REG. 2-6-1951	REGISTRAR'S SIGNATURE <i>Julia E. Rawson</i>	FUNERAL DIRECTOR <i>Herbert C. Heighton</i>	ADDRESS Oakland, Md.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

Reg. Dist. No. Birth & Death

1. PLACE OF STILLBIRTH County <u>GARRETT</u> MARYLAND City or Town (If outside city or town limits write "RURAL" and nearest town) <u>OAKLAND</u> Street address, hospital or institution <u>GARRETT COUNTY MEMORIAL HOSPITAL</u> Length of mother's stay in this County (Give years, or months or days)			2. USUAL RESIDENCE OF MOTHER State <u>WEST VIRGINIA</u> County <u>PRESTON</u> City or Town (If outside city or town limits write "RURAL" and nearest town) <u>ROUTE #3, BOX 30</u> Street Address <u>TERRA ALTA</u>		
(First) <u>BABY</u> (Middle) <u>GIRL</u> (Last) <u>HOLLIS</u>					
3. CHILD'S NAME			4. Sex <u>FEMALE</u> 5. Twin or other <u>OTHER</u> If so, born 1st, 2nd, 3rd		
6. DATE OF BIRTH (Month, WRITE OUT) <u>FEBRUARY</u> (Day) <u>22</u> (Year) <u>1951</u>			8. Color or race <u>WHITE</u>		
FATHER OF CHILD			9. Age (at time of this birth) <u>24</u> yrs. 10. Birthplace (State or foreign country) <u>W.VA.</u> 11. Usual occupation <u>BILL POSTER</u> Kind of business or industry		
MOTHER OF CHILD			12. Full maiden name <u>RAYMONA TONA FORD</u> 13. Color or race <u>WHITE</u>		
14. Age (at time of this birth) <u>22</u> yrs. 15. Birthplace (State or foreign country) <u>W.VA.</u> 16. Number of OTHER children born to mother (Do NOT include this child)			Now living Born alive but now dead Born dead Total Children (Not including this child)		
17. Length of pregnancy: <u>20</u> weeks Weight of child at birth: lbs. <u>776</u> oz. <u>159</u>					
18. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			(a) Fetal causes (b) Maternal causes		
19. State any complications of pregnancy and labor			20. State all operations for delivery		
Burial, (Specify) Cremation, <u>Remove & Burial</u> Date <u>Feb. 23, 1951</u> Removal, <u>Burial</u> Cemetery or Crematory: <u>Terra Alta Cemetery</u> Location <u>Terra Alta, W. Va.</u> Funeral Director <u>R. L. Leonard</u>			21. I hereby certify that this child was born dead on the date stated above at m. Signature Physician <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> Address <u>Terra Alta, W. Va.</u> Date signed <u>Feb. 23, 1951</u>		
Date rec'd by local Reg. Registrar's signature <u>Feb. 23, 1951</u> <u>Judith A. Rowan</u>			If NOT attended by physician The above certificate has been examined by me." <u>J. B. Harley, M.D.</u> Health Officer, per <u>Feb. 23, 1951</u>		

Infants heart beat for about 20 minutes.

V.S. A10



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....66.....

1551

116

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Oakland		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland	
LENGTH OF STAY (In this place) 55 yrs.		STREET ADDRESS (If rural, give location) Alder Street	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alder Street			
3. NAME OF DECEASED (Type or Print)	(First) Olivia	(Middle) Bennett (Button)	(Last) Mitchell
4. DATE OF DEATH	(Month) February	(Day) 7	(Year) 51
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3/2/1867
9. AGE last birthday 83		10. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT U.S.A.		13. FATHER'S NAME Elijah J. Button	
14. MOTHER'S MAIDEN NAME Elizabeth L. Phelps		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. -----		17. INFORMANT AND ADDRESS Mrs. S. T. Naylor Oakland, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p><i>22.2</i></p> <p>Immediate cause (a) <i>Chronic myocarditis</i> <i>Syr</i></p>					
<p><i>13d</i></p> <p>Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) _____</p>					
<p>(c) _____</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>March</i> , 19 <i>45</i> , to <i>Feb 7</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Feb 6</i> , 19 <i>51</i> , and that death occurred at <i>4:10 A.</i> m., from the causes and on the date stated above. SIGNATURE <i>R. J. Baumgartner MD. Deland MD</i> DATE SIGNED <i>2/8/51</i> (Degree or title) ADDRESS					
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <i>27/10/1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Oakland Cemetery</i>	LOCATION (City, town, or county) <i>Oakland, Md.</i> (State)		
DATE REC'D BY LOCAL REG. <i>2/10/51</i>	REGISTRAR'S SIGNATURE <i>Julia C. Haward Herbert C. Feighton</i>	FUNERAL DIRECTOR <i>Oakland, Md.</i>	ADDRESS		

175



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No... 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Garrett			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural		
LENGTH OF STAY (In this place) 50			STREET ADDRESS Red Oak		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			(If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Edgar	(Last) Prather	4. DATE OF DEATH	(Month) Feb. (Day) 8 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11 1871	9. AGE last birthday 79	If under 1 year Months. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Martinsburg W.Va.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Charles Prather			14. MOTHER'S MAIDEN NAME Josephine Custard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Birtha Prather			18. MEDICAL CERTIFICATION		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause

(a)

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Auricular fibrillation

2 weeks

Arteriosclerotic heart disease

5 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

(c)

Acute cold with marked bronchitis & pleurisy

2 weeks

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-------------------------------------	-----------	--	----------------	----------	---------

TIME (Month) of (Day) of (Year) of (Hour) of INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? Not While Work <input type="checkbox"/>
---	--	--

22. I hereby certify that I attended the deceased from *12/15*, 19*50*, to *12/8*, 19*51*, that I last saw the deceasedalive on *2/15*, 19*51*, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

*Harold C. Miller, M.D. Bglor. W.C.**2/17/51*

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 11 1951	NAME OF CEMETERY OR CREMATORIAL Fairview	LOCATION (City, town, or county) Garrett	(State) Md.
--	--------------------------	---	---	--------------------

DATE REC'D BY LOCAL REG. 3-11-1951	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR	ADDRESS Wayne C. Spiggle - Davis Wm.
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290116

VS. A15 T



1. PLACE OF DEATH
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett Hutton MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hutton LENGTH OF STAY (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hutton STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (First) Charles Arthur Clinton (Middle) Roy (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2/17/1951 19		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH 2/17/1951	9. AGE last birthday yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Hutton Maryland		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles Roy.			14. MOTHER'S MAIDEN NAME Carrie Lewis.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Russell O'Flower		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Pre mature Birth about 8 months

INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

Baby lived about 4 hours

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Has had 4 premature Births

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-17, 19 51, to 2-17-51, 19....., that I last saw the deceased alive on 2-17-51, 19....., and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Buried	NAME OF CEMETERY OR CREMATORIAL Kimmell Cemetery	LOCATION (City, town, or county) Near Oakland, Md. R. 1	(State)
DATE REC'D BY LOCAL REG. 2-19-51	REGISTRAR'S SIGNATURE Julia Dawson	24. FUNERAL DIRECTOR Eugene D. Beldam, Oakland, Md.	ADDRESS



Evidence for addition
of 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1557

CERTIFICATE OF DEATH

Reg. Dist. No.

167

Form No. G 151 FEB 26 1951

1. PLACE OF DEATH

COUNTY GARRETT

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)
TOWN OAKLANDLENGTH OF STAY
(in this place)
12 hr. 35 minsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS Garrett C. Memorial Hospital2. USUAL RESIDENCE (HOME) OF DECEASED
STATE WEST VIRGINIACOUNTY Preston
TuckerCITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN OAKLANDSTREET
ADDRESS(If rural, give location)
ROUTE #23. NAME OF
DECEASED
(Type or Print)

(First) CHARLES

(Middle) ROY

(Last) SLAUBAUGH

4. DATE
OF
DEATH(Month) FEBRUARY 2
(Year) 1951

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

SINGLE

8. DATE OF BIRTH

June 20, 1946

9. AGE last birthday

4 yrs.

If under 1 year
Months DaysIf under 24 hrs.
Hours Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Egion W. Va.

12. CITIZEN OF WHAT
COUNTRY U.S.A.

13. FATHER'S NAME

DARRELL LEOTIS SLAUBAUGH

14. MOTHER'S MAIDEN NAME

BERNICE DEAN BECKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT AND ADDRESS (FATHER)

DARRELL L. SLAUBAUGH RT 2 OAKLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0

Immediate cause

(a) Burns, 10, 20 & 30% of

INTERVAL BETWEEN
ONSET AND DEATH

181

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b) Face, Scalp, Arms and hands

16 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

Rt 2, Oakland, Md. W. Va.

Accident

TIME (Month) (Day) (Year) (Hour)

INJURY OCCURRED

HOW DID INJURY OCCUR?

OF

While at Work Not While At work

Explosion and fire.

INJURY 2-1-51 1 P m.

Work At work

Can of gasoline accidentally upset by child.

(2-21-51 - a.m.s)

22. I hereby certify that I attended the deceased from 2-1, 1951, to 2-2, 1951, that I last saw the deceased

alive on 2-2, 1951, and that death occurred at 3:35 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

Feb. 4, 1951

Gregory Church Cemetery

Gregory Church

Md.

DATE REC'D BY LOCAL REG.

REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2/26/51

Elmer C. Shafner

Wayne C. Spiggle

Kings Mills



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1556

CERTIFICATE OF DEATH

Reg. Dist. No.

167

FILE NO. G 131 FEB 26 1951

1. PLACE OF DEATH. CITY OR TOWN INSTITUTION OR STREET ADDRESS		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. CITY OR TOWN STREET ADDRESS		Preston WEST VIRGINIA	COUNTY TUCKER		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN					
HOSPITAL OR GARRETT COUNTY MEMORIAL HOSPITAL		16 hr. 20 mins	STREET ADDRESS		(If rural, give location) ROUTE #2			
3. NAME OF DECEASED (Type or Print)		(First) MARCHA	(Middle) DEAN	(Last) SLAUBAUGH	4. DATE OF DEATH	(Month) FEBRUARY 2	(Day) 1951	(Year)
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE	8. DATE OF BIRTH MARCH 1, 1948	9. AGE last birthday 2 yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Egion, W.Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME DARRELL LEOTIS SLAUBAUGH		14. MOTHER'S MAIDEN NAME BERNICE DEAN BECKMAN						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT AND ADDRESS DARRELL L. SLAUBAUGH RT.2 OAKLAND, MD.		(FATHER)			
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 916.0 Immediate cause (a) BURNS 10, 20 & 3° of Face Antecedent cause(s) NECK, 13'0 en, ARMS, 2063, FEET 181 Diseases or conditions, if any. (b) AND ITCHES giving rise to the above cause stating the underlying cause last (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
21. ACCIDENT SUICIDE HOMICIDE	(Specify) Accident	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	Home	(CITY OR TOWN) Rt 2, Oakland, Md.		(COUNTY) W. Va.		(STATE)
TIME (Month) OF INJURY	(Day) 2-1-51	(Year) 1 p. m.	(Hour) m.	INJURY OCCURRED While at Work	Not While At work	HOW DID INJURY OCCUR? explosion and fire. Can of gasoline accidentally upset by child (2-21-51 a.m.)		
22. I hereby certify that I attended the deceased from <u>2-1</u> , 19 <u>51</u> , to <u>2-2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>51</u> , and that death occurred at <u>7:28 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Sam W. Foster, Jr. M.D.</u> ADDRESS <u>Oakland, Md.</u> DATE SIGNED <u>2-2-51</u>								
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 4, 1951	NAME OF CEMETERY OR CREMATORIUM Gregory Church Cemetery		LOCATION (City, town, or county) Gregory Church, Md. (State)				
DATE REC'D BY LOCAL REG.	14/51	REGISTRAR'S SIGNATURE Elmer C. Shaffer	24. FUNERAL DIRECTOR Wayne C. Spiggle	ADDRESS Davis M.V.C.				



MARGIN RESERVED FOR BINDING

Evidence for addition
of 21 shown on:
M

MARYLAND STATE DEPARTMENT OF HEALTH

1559

CERTIFICATE OF DEATH

166

FILE NO. G 132 APR 13 1951 FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH. CITY OR TOWN Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED. CITY OR TOWN Vindex	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Garrett		LENGTH OF STAY (In this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Franklin	(Last) Stewart
4. DATE OF DEATH	(Month) February	(Day) 25	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Married	2/17/1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Vindex, Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Stewart Francis	Jesse Trout Ada		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>013-01-4067</i>	17. INFORMANT	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <i>819.5</i>	(e) <i>Fracture Basal Portion of Hull</i>		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <i>Fracture Mandible</i>		
<i>170c</i>	(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <i>Md. Route 135</i>	(CITY OR TOWN) <i>near Swanton</i>
TIME (Month) (Dey) (Year) (Hour) OF INJURY <i>2/24/51</i>		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> <i>m.</i> <input type="checkbox"/> at work <input type="checkbox"/>	(COUNTY) <i>Md.</i>
		HOW DID INJURY OCCUR? <i>driver lost control of car & ran into electric pole</i>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <i>R.D. Baum Jr. M.D.</i>	(Degree or title) <i>MD</i>	ADDRESS <i>Oakland Dr.</i>	DATE SIGNED <i>2/25/51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Feb. 28, 1951</i>	NAME OF CEMETERY OR CREMATORIUM <i>Nethken Hill Cem.</i>	LOCATION (City, town, or county) <i>Elk-Garden</i>
ADDRESS <i>REG. 101-27-51</i>	REGISTRAR'S SIGNATURE <i>Glen G. Swan</i>	24. FUNERAL DIRECTOR <i>F.S. Boal</i>	ADDRESS <i>111 Church St.</i>

MAR 12 1951

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
BUREAU OF INVESTIGATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1560

166

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Oakland MARYLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett COUNTY	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Richard	(Middle) Tasker	4. DATE OF DEATH 2/6/1951/ 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify) Widower	8. DATE OF BIRTH 1/25/1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & mining		10b. KIND OF BUSINESS OR INDUSTRY Owned a Farm	9. AGE last birthday 82 yrs. Months Days Hours Min.
13. FATHER'S NAME Solomon Tasker		11. BIRTHPLACE (State or foreign country) Garrett County, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY U.S.A.	
16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mrs. Harry Hinebaugh, Oakland, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
331x Immediate cause	(a) Cardiac Failure and Diarrhea 3 week		
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral - Jaw ulcer Accident 3 week		
	(c) Sensitivity - Generalized Enterocolitis Year		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-10 , 19 48 , to 2-7 , 19 51 , that I last saw the deceased alive on 2-7 , 19 51 , and that death occurred at 4:40 A.M. , from the causes and on the date stated above. SIGNATURE <i>James W. Tasker Jr. M.D.</i> (Degree or title) ADDRESS 58 2nd St. Oakland, Md. DATE SIGNED 2-7-51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/9/1951	NAME OF CEMETERY OR CREMATORIAL Short Run Cemetery	LOCATION (City, town, or county) (State) Near Kitzmiller, Md.
DATE REC'D BY LOCAL REG. 2-9-1951	REGISTRAR'S SIGNATURE <i>Julia C. Rowan</i>	24. FUNERAL DIRECTOR <i>Terry D. Bolding</i>	ADDRESS Oakland, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH CITY GARRETT			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK		
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) JUDITH	(Middle) KAY	(Last) TURNEY	4. DATE OF DEATH	(Month) FEBRUARY 17 (Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE	8. DATE OF BIRTH August 1, 1950	9. AGE last birthday yrs. 6	If under 1 year Months 6 Days 17 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11b. KIND OF BUSINESS OR INDUSTRY MT. LAKE PARK, MARYLAND		
13. FATHER'S NAME TURNEY FOSTER J.			14. MOTHER'S MAIDEN NAME HACKER, JEANETTE EVA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT AND ADDRESS FOSTER J. TURNEY MT. LAKE PARK, MARYLAND			18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 5710 Immediate cause (a) <i>Infectious Diarrhea</i> Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 119a (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)			PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour) OF INJURY			INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>		
			HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug. 1, 1950, to Feb. 18, 1951, that I last saw the deceased alive on Feb. 18, 1951, and that death occurred at 12:22 P.M., from the causes and on the date stated above. SIGNATURE <i>A.E. Manee</i> (Degree or title) ADDRESS <i>Oakland</i> DATE SIGNED <i>20 Feb 51</i>					
23. BURIAL, CREMATION REMOVAL (Specify) Burial			DATE THEREOF 2/20/1951		
NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery			LOCATION (City, town, or county) Oakland, Md. (State)		
DATE REC'D BY LOCAL REG. 2/20/51			REGISTRAR'S SIGNATURE <i>Julia L. Brown</i> 24. FUNERAL DIRECTOR ADDRESS <i>Herbert C. Leighton</i> Oakland, Md.		

